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Based on a study of training needs among personnel connected with homes for the aged in California, this publication is a teacher's manual as well as a course of study for older adults, their friends and relatives, volunteer workers, and professionals. The following topics are covered: the aged in a changing society: the increase in the aging population: types of living patterns: intellectual, medical, and other aspects of aging: basic material and psychological needs of older adults: concepts of successful aging: and ways of helping the aged to achieve life satisfaction. Suggested readings and activities are included, together with a bibliography (21 items) and a film list (seven items). (ly)

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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UNDERSTANDING THE OLDER ADULT

A Teacher's Manual and Course of
Study for Use in
Adult Education Classes in
Secondary Schools

AC 004 463

Prepared under the auspices of the Office of
the Los Angeles County Superintendent of Schools
and California State Department of Social Welfare

June, 1966

Laco No. 93

Foreword

The impetus for this course of study came through requests from the non-profit and proprietary homes for the aged in Southern California, licensed by the California State Department of Social Welfare to care for aged persons in sufficiently good health so that they do not need professional nursing care.

Administrators of these homes, desirous of improving the quality of care given, identified certain aspects of management in which they felt training courses would be particularly helpful. These were:

Psychology of the Aging
Personal Care of the Aging
Nutrition for the Aging
Programs in Homes for the Aging
Good Housekeeping in Homes for the Aging
Administrative Techniques in Homes for the Aging

During the spring of 1961, a study of these needs was undertaken with executive members of the Los Angeles County Adult Education administrators and with representatives of licensed facilities to explore further the curriculum needs for training of operators, administrators, and staff of boarding homes for the aged under licensing jurisdiction of the California State Department of Social Welfare.

In 1962, a grant of $7250 was approved by the State Department of Social Welfare, matching funds allocated by the Los Angeles County Board of Education, and the following staff was established to undertake the production of materials:

Mrs. Frances Adams, Curriculum Consultant
Mrs. Gladys Johns, Social Welfare Consultant
Dr. Helen Rice, Research Consultant
Dr. Robert N. Troutman, Adult Education Consultant and Coordinator of the Project

Understanding the Older Adult has been the first publication prepared by the staff. It was formulated in trial draft in the spring of 1963, tested in three different teaching situations in the Adult Education programs of Long Beach and Los Angeles City by Mrs. Elizabeth McCanless, Adult Education Coordinator, Los Angeles City Schools, and revised in 1966 in accordance with the outcomes of these pilot projects.

It is hoped that Understanding the Older Adult will be helpful in improving the quality of care to persons in homes for the aged, in that it is designed to increase awareness of psychological and physical needs and ways of meeting these.

The publication was undertaken through the interest and leadership of John D. Lawrence, Director of the Division of Secondary Education, 1962-63, and Merrill V. Goudie, Acting

Director, 1965-66; and with the support and encouragement of Dr. Howardine G. Hoffman, Assistant Superintendent, Curriculum and Instruction.

C. C. Trillingham
County Superintendent of Schools

This publication was approved on June 13, 1966, by
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To the Instructor:

You have entered upon a new and exciting job when you have agreed to teach a class about the characteristics and needs of older people. Many last-minute decisions must rest with you, depending upon the composition and interests of your class.

If most of the class members are older persons who are taking the class for their own satisfaction, this gives a somewhat different focus to some of the material--for you will want them to emerge from the course with some highly constructive attitudes about their own older years.

If your students are mostly workers in homes for the aged or relatives caring for older people, you will want them to carry away from the class a new feeling for the aged as individuals, as persons who merit respect and consideration.

It is assumed that the course will consist partly of presentations by you, partly of discussions and presentations developing out of student abilities and knowledge, partly of other experiences you may wish to use.

If you and your school administrator decide that a field trip to a home for the aged would benefit your particular group, you might call one of the following to find out where in your locality such a visit could be arranged:

1. To discuss a visit to a home for the aged, call State Department of Social Welfare, 107 S. Broadway, Los Angeles 90012. Phone: MA 0-4377

2. To discuss a visit to a nursing home, call State Department of Public Health, 107 S. Broadway, Los Angeles 90012. Phone: MA 0-2940

3. To discuss a visit to a mental hygiene facility, call State Department of Mental Hygiene, 107 S. Broadway, Los Angeles 90012. Phone: MA 0-2300

If a field trip is planned, these factors need to be cleared well in advance:

1. You must obtain the approval of your local administrator and fulfill any district requirements concerning details of the trip. This is essential, since there is a legal responsibility involved.

2. Transportation plans will concern both your administrator and the class. Make sure that these are clear-cut.

3. When you make your arrangements with the place you are to visit, be sure that you let the proper person know how many will be in your group, when you will arrive, and what the purpose of the visit is.

4. Set up an observation schedule so that the class knows what to look for. Sometimes the task of recording details is divided among committees so that different groups are responsible. Some important things to watch for are:

To the Instructor

Reception center

Ways of handling entering patients and guests, friendliness of people, facilities where residents may meet guests, public rooms, hallways, elevators, ramps, attractiveness of grounds, offstreet parking.

Safety factors

Grab bars for toilets, baths, showers. Hand rails in hallways. If there are steps or stairs, the steepness and frequency of landings should be considered.

Freedom from fire hazards. Plans for evacuation of buildings in an emergency.

Signal system or intercommunication system so that residents can ask for help if there is need.

Food Service

Nutritional adequacy of meals.

Proper cooking, serving, and timing of meals.

Tray service for those temporarily indisposed.

Provisions for snacks. Dining room.

Infirmary arrangements

Kinds of medical services available.

Care of the infirm and chronically ill.

Types of rooms

Storage space for personal belongings. Single occupancy. Multiple occupancy.

Special Services

Physician, dentist, barber, podiatrist, optician, therapist.

Equipment available for these services.

Recreation, religious, and social activities

Facilities: library, social rooms, indoor activities rooms, outdoor activities areas.

Special equipment and activities.

Group organizations among residents--a singing or instrumental group, editing of a house newspaper, and the like.

Person in charge of activities.

Provisions for religious services and activities.

Cooperation of community groups and organizations.

Financial factors

Statement of the arrangements or plans available to prospective entrants.

To the Instructor

Criteria by which suitable residents are screened.

After the field trip it is vital that there be discussion and evaluation, a report to the administration of your school, and a thank-you from the class to the home you visited.

Many other groups and institutions serving older people are of interest in the Los Angeles area. Most of these, however, should be visited by a small committee rather than by the entire class, since there may not be room for a larger group. For instance, the Gran-Craft Center, 112 N. Larchmont Blvd., Los Angeles 90004, is a sales outlet for a variety of articles made by the elderly, well worth a visit by an interested <u>small</u> group.

Your own local recreation center for older people might also be visited by a committee, and both you and the class members can think of facilities in your locality that might merit further acquaintance.

Whenever a group visits, it should phone in advance to be sure that it has chosen a good day, and there should be planning in advance so that suitable information should be gleaned about the facility--its means of financing, the kind of people it serves, its purposes and objectives, and other pertinent information.

You may want to use films with your class, and for this purpose an annotated list is appended. A partial bibliography for reading is appended also.

I. People for Whom the Course Is Planned

The class will need to see first that the course is serving four different types of people and that each has his own contribution to make to the total group. These people are:

A. People who plan to work with older adults, either as volunteers or as professional workers.

B. Relatives or friends of older people, who are responsible for them and who seek to appreciate and live more comfortably with them.

C. People who are employed in agencies or institutions which care for older adults, who seek to understand better those whom they serve--so that their work may be more meaningful and the quality of their service improved. These employees might be attendants, nurses, social workers, physicians, psychiatrists, cooks, dieticians, managers. Whether they are part of a team or work as individuals, they serve better when they have a common background of understanding.

D. Older adults who wish to increase their insights into their own feelings and reactions, and who wish to understand better their older friends and companions.

II. The Aged in a Changing Society

A. The attainment of longer life and of happy, prosperous later years has become an American goal. The rapidly changing culture

Suggested Activities

Help members of the class to identify their own backgrounds of knowledge in connection with the course so that their special competencies can be called on as needed or desired. If the class is small, this may be done through informal discussion. If it is large, subgroups may be established to explore the kinds of experiences the individuals in each group might have had in caring for older people.

Possible discussion questions:

1. Who was the most remarkable aged person you have taken care of? What responsibilities did you have toward him?

2. What facilities in this local community serve the aged? What additions to these do we need?

3. What kinds of things do we want to know most about the aged? What contributions could each of us make to discussing these items?

Using the bibliography in the appendix helps class members to identify reading they should do as the class progresses.

means that life is different in old age from what people sometimes think it will be before they reach it, and there is great need of better dissemination of information on the subject--both for the aged themselves and for those who work with them. Much research about all aspects of aging is either newly completed or now in process. It is the purpose of the present course to highlight this material.

III. Increase in the Aging Population

A. Though there are more aged in the U.S. population than ever before, the total population is also increasing rapidly.

Table of estimated age distribution for U.S. in millions. (1.0=1 million)

	0-5	6-17	18-24	25-64	65+
1950	16.6	25.0	22.8	77.1	12.3
1960	20.3	35.7	24.5	83.3	16.6
1970	25.1	42.6	36.0	90.4	20.0
1980	32.5	46.4	42.8	105.8	24.4

Suggested Activities

Volunteers might make a study of an aged person whom they have had a chance to observe:

1. His early life, family situation, successes, joys, problems
2. His current relationships and contacts, family, clubs, church, school, living situation
3. His personal reactions to others--home members, roommate, those in authority

The study should continue throughout the duration of the class, though reports may be periodic.

The source for this chart is U.S. Department of Commerce, Current Population Reports, U.S. Govt. Printing Office, Washington, D.C., July, 1962.

For additional statistical material on aging persons in the U.S. population, see:

(1) Report of the Planning Commission, White House Conference on Aging, Aging in the States. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1961. pp. 22-81.

Increase in the Aging Population

People aged 65 and over represent nearly 10 percent of the nation's population--a new situation, for in 1850 they represented 2.5 percent, and in 1900, 4.5 percent. It is estimated that by the year 2000 there will be 23 million people above 70 years of age.

Three factors have led to this increase:

1. The falling mortality rates for children and the natural population increase.

2. The immigration, between 1880 and 1910, of young people beyond the years of high mortality. The number of foreign-born now over 65 years of age amounts to 2.7 million and is highly concentrated in some eastern states.

3. Extension of life through improvements in public health, prevention of disease, methods of treatment, techniques of rehabilitation. Life expectancy currently in the United States is close to 70 years for men, 73 years for women. The man who has reached age 65 may expect to live another 13 years; a woman at 65 may expect to live 15 to 16 years. About a third of all women who reach 65 live to be 85.

Suggested Activities

(2) Report of the Planning Commission, White House Conference on Aging, Family Life, Family Relationships, and Friends. Washington, D.C: U.S. Department of Health, Education, and Welfare, 1961. pp. 24-27.

(3) President's Council on Aging, The Older American, U.S. Govt. Printing Office, Washington, D.C., 1963.

(4) Office of Aging, Facts on Aging, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., 1965.

Increase in the Aging Population

The number of older persons in the population varies greatly from state to state. In general, large older populations exist in the states having high total populations. Some states have high proportions simply because young workers have moved to other states. States with mild climates attract large numbers of older persons - Arizona, California, the Carolinas, Florida, Hawaii, New Mexico, Texas. But younger people are also attracted to these areas, and the ratio of younger persons to the older now is at highest levels in Iowa and Mississippi.

B. Population data - Los Angeles County

As of 1963, in Los Angeles County there were half a million persons who were 65 years of age and older. These represented 40 percent of such persons living in the state. Two percent of the adults 65 years of age and older in Los Angeles County were in institutions designed exclusively for the aged. In 1962 there were 13,000 older persons receiving care in the 1097 boarding homes and 135 institutions for the aged in this county. These institutions comprised one-third of the facilities of this type in the state. There were an additional 48 mental hygiene homes and 255 nursing homes. Nationally about 5 percent of the older people live in institutions, and this is true also of the Los Angeles City area.

Suggested Activities

Regional variations in number and kinds of older populations are great enough so that some students may want to look up their home states and find out more about them in this respect.

A couple of volunteers might look up census tract data on the number of aged in the community where the class is located. Such materials may be found in census abstracts at the public library or obtained from the Welfare Federation of the Los Angeles area, 729 S. Figueroa, Los Angeles, California. The class could then consider local facilities in relation to local needs.

See

Research Dept., Welfare Planning Council, Background for Planning. Los Angeles: The Council, 1963. pp. 21-25

C. Some implications of the data

1. Since only 5 percent of persons over 65 live in institutions, a great number of families have responsibility for older members who need help and understanding in working with them. The U.S. Health Information Service in 1960 made a study of Family Relationships and Family Ties which produced the following nationwide information. Seventy-eight percent of the older people dwelling outside institutions have living children, and 36 percent are living under the same roof with one or more children. Twenty-four percent are living within a block of one or more children, and nine out of ten have a child only a short ride away.

2. Nationally, 14 percent of the aged population live alone or with non-relatives. Persons entirely on their own are more numerous in cities than they are in small towns. One New York City study found 201 persons out of 500 in the sixty-plus age group were living alone. For such people particularly, many community activities of varied types need to exist, and special part-time services must be available as there is occasion for them. These persons living alone must have good understandings of themselves and how to obtain the services to meet their needs if they are to remain well and live independently.

Suggested Activities

1. A panel might discuss other implications of the information supplied.

2. A group might discuss the special needs of aged persons living alone and how these might be met in the local area.

Kutner and others, Five Hundred Over Sixty. New York: The Russell Sage Foundation, 1956, p. 62.

Plans for the next meeting of the class might focus on asking that class members be ready to talk very briefly about some facility for the aged in the community, indicating the special services it supplies. OR describe a type of service the community needs but does not have.

IV. Ways of Living and the Aged

A. Numerous factors govern the way the aged live: the state of their own physical and mental health, their financial situation, the presence or absence of relatives and friends who can look out for them, facilities and services available in the community, family and community attitudes. Tolerance for the limitations of older family members varies greatly from family to family, so that some are placed in homes for the aged who could be cared for at home. On the other hand, information on facilities to help the aged varies so greatly that many do not get available help which they really need.

B. In the Los Angeles area, a wide variety of living patterns emerges:

1. First of all, there are the "well" aged--physically independent people who care for their own affairs and live in their own homes, in cooperative apartments where some services are supplied, or in special communities designed for older people--which also offer numerous services, recreational programs, and the like.

   Family boarding homes serving 6 or less persons and small group homes with a capacity of 7-15 persons serve the aged who do not need nursing care and who are able to do

Suggested Activities

See

C. Knight Aldrich, "Personality Factors and Mortality in the Relocation of the Aged," The Gerontologist, Vol. 4, No. 2, Part 1, pp. 92-3, June, 1964.

See

Ethel Shanas, "Family and Household Characteristics of Older People in the United States." in Proceedings of the Sixth International Congress of Gerontology, Age with a Future. Copenhagen, Denmark: Munksgaard, 1964. pp. 449-454.

The class might plan to set up a catalog of facilities that serve the aged in their community, giving pertinent data about each.

Concerning housing, see

(1) President's Council on Aging, The Older American, U.S. Govt. Printing Office, Washington, D.C., 1963. pp. 24-27; 39-41.

most things for themselves. This type of home is usually licensed by a local county welfare department or by another division of local government accredited by the State Department of Social Welfare. In Los Angeles County the Bureau of Licensing in the Department is the accrediting agency.

The State Department of Social Welfare directly licenses all proprietary homes with a capacity of 16 or more persons, and all nonprofit homes, regardless of capacity. Many of these offer life care under various financial plans. They may also have nursing or infirmary facilities, which are licensed by the State Department of Public Health.

2. Acute and convalescent care facilities are designed for people with physical handicaps or chronic diseases that require nursing care or a hospital type of living situation. These are licensed by the State Department of Public Health.

3. Mental hygiene facilities serve the mentally or emotionally disturbed--particularly those with behavioral problems. These are licensed by the State Department of Mental Hygiene.

(2) M. Muse, "Homes for Old Age," Journal of Home Economics, Vol. 57, pp. 183-7, March, 1965.

Ways of Living and the Aged

C. These facilities may be categorized in various ways:

1. By the types of service which people need, as just indicated.

2. By the purpose of the facility--whether profit or non-profit.

3. By the financial plan for payment for care: lump sum for entrance, entrance fee plus monthly fee, monthly fee only.

D. Each aging person has a long-established life pattern, needs common to older people, and individual problems which are important to consider, no matter what environment he lives in.

V. The Nature of Aging

A. Aging is not a matter of years lived. Physical, emotional, and psychological changes which vary with each individual determine how old the person really is. Attitudes of others with whom he comes in contact affect the process. Personal experiences with the aging of the preceding generation affect an older person's behavior as he becomes old himself. Hiring policies and retirement policies in industry have impact.

B. Common physical aspects of aging.

Biological aging is a natural process of changes in body structure and function.

Suggested Activities

The Nature of Aging

Cellular composition and the capacity for growth alter. Tissue structure and function change. Glandular, respiratory and heart rates are different. The speed, strength, and endurance of the neuro-muscular system diminish. These changes result in lower reserves of strength and energy and reduced ability to withstand stress.

Sensory organs tend to decrease in effectiveness. Hearing and sight often become impaired. Bones become more brittle, and breaks take longer to heal. Muscular deterioration occurs. Older adults are more subject to serious illness, and recovery is slower.

The three chief causes of death for the aged are heart disease, vascular lesions affecting the central nervous system, and various types of cancer--just as they are for the population as a whole, though for the total population cancer moves into second place as a cause of death, and vascular lesions are third.

The Russell Sage Foundation Study Five Hundred Over Sixty found that the incidence of illness in their group was as follows:

Suggested Activities

Since a separate course is to be offered on the physical aspects of aging, the material offered here is a summary only. Students interested in developing this phase of aging in greater detail might do supplementary reading.

For many helpful tables giving data on the health of the aged, see

White House Conference on Aging, Planning Commission, Health and Medical Care. Washington, D.C.: Department of Health, Education, and Welfare, 1961.

Illness reported	Number of cases	Percent of sample
Arthritis	130	26
Hard of hearing	102	20
High blood pressure	87	17
Heart disease	52	10
Visual disturbances	33	7
Cataracts	32	6
Gall bladder disease	28	6
Urinary troubles	27	5
Paralysis and muscular disability	27	5
Asthma	24	5
Kidney disease	22	4
Stomach ulcer	13	3
Prostate disease	13	3
Diabetes	13	3
Cirrhosis	5	1
Genital troubles in women	5	1
Glaucoma	3	1-
Total medical illnesses	616	
Dental complaints	218	44
Total	834	

But it further reports that the consequences of these illnesses were less serious than is commonly supposed. Only one person in 17 had been bedbound for as much as a month or longer during the past year, and nearly 70 percent of those who had been ill had not required bed care. Comments on the consequences of their illness have been categorized thus:

Suggested Activities

The source for this chart is Kutner, and others, Five Hundred Over Sixty. New York: The Russell Sage Foundation, 1956, p. 131.

See also

(1) Public Health Service, Acute Conditions Incidence and Associated Disability, United States, July, 1963 - June, 1964, National Center for Health Statistics, Series 10, No. 15, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., April, 1965.

(2) Public Health Service, Current Estimates from the Health Interview Survey, United States, July, 1963 - June, 1964, National Center for Health Statistics, Series 10, No. 13, U. S. Department of Health, Education, and Welfare, Washington, D.C., October, 1964.

(3) California State Board of Public Health, California's Health, Vol. 21, No. 16, Sacramento, February, 1964.

Consequences	Percent * of those ill	Percent of total sample
No serious consequences	-	44
Keeps person at home	24	13
Keeps person from doing things	32	18
Keeps person from seeing people	7	4
Keeps person from work	23	13
Keeps person from all above	14	8
Total	100	100
Number of cases	285	500

In this same study an objective Physical Health index shows that about 56 percent of the group was in good health and that there was no difference between men and women in this respect. Especially interesting is the fact that when the health data were segregated into age groups the 80-year-olds had about the same proportions of good and bad health as the 60-year-olds.

Thus, the body of information continues to grow which leads to the belief that for each individual there is a sequence of aging, but that this pattern is not tied to any chronological age. Some age early; others late. The literature, using various terms, sets up the following characteristic sequence:

1. Late Maturity, commonly found between 45 and 64: often the climactic period of a career. Medical problems increase somewhat, and chronic diseases need to be watched for, but mostly the individual is in good health.

*These are respondents reporting at least one complaint.

For a study of a healthy older person, see
D. B. Dill and Karlman Wasserman, "Fitness at Age 90: a New Record," The Gerontologist, Vol. 4, No. 3, part I, pp. 136-40, September, 1964.

See
White House Conference on Aging, Background Paper on Research in Gerontology, Psychological, and Social Sciences. Washington, D. C.: U.S. Department of Health, Education, and Welfare, 1961

Suggested Activities

2. Early Retirement, commonly found between 65 and 74: a time when some persons continue to work, but the majority have retired. Though health is sufficiently good so that individuals can maintain themselves, medical problems have increased.

Percent of men & women currently in the work force at ages-- See White House Conference on Aging, Aging in the States. Washington, D.C.: U.S. Dept. of Health, Education, and Welfare, 1961.

Sex	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+ over
M	97	95	91	82	47	37	24	14	5
F	51	48	42	32	18	7	4	2	1

Retirement in these years tends to be less a biological or a medical necessity than a matter of technology and cultural attitudes. Older workers are often regarded as marginal in a time of rapid industrial change when automation increases output with fewer workers, or in times of economic recession. The figures for California's Retraining Benefits Program show that most workers applying for these benefits are 20-44 years of age. Older workers tend to retire instead of entering a retraining course. See

(1) Economic Development Agency, State of California, California Statistical Abstract. Sacramento: The Agency, 1962.

3. Later Retirement, commonly occurring after age 75: a time of increasing biological and psychological change. Problems of physical and medical care tend to bring about a time of dependence.

(2) Margaret S. Gordon, "National Retirement Policies and the Displaced Older Worker," in Proceeding of the Sixth International Congress of Gerontology, Age With a Future. Copenhagen, Denmark: Munksgaard, 1964.

The Nature of Aging

C. Intellectual capacity and aging

Research has disproved the popular belief that intelligence and learning ability begin declining in middle age and that old age brings stupidity. Speed of functioning does slow down, so that reading, writing, and thinking proceed more slowly. Most older people can continue to learn if they are interested and are motivated to do so. Many aged people who have apparently suffered much intellectual loss are functioning badly because of one or more of these factors:

1. Their environment has removed all challenges. The people around them expect them to do badly, and they themselves accept this negative portrait of the older person. Sometimes families are overly protective of older people, and this impedes development--just as it does for children.

2. Older people must often face problems and changes which create anxieties and frustrations that limit effective thinking.

3. Incentives for continued use of intellectual powers and for continued learning are limited, since jobs are less available for older people. Two things need to occur here--(a) a program of gradual retirement which can utilize the skills of an older worker.

Suggested Activities

The class might contribute thumb nail biographies of outstanding older people who have retained their intellectual powers to an advanced age. It would be good to include some local figures as well as national or international personalities. Some good names to use in starting discussion are: former Presidents Hoover, Truman, Eisenhower; Winston Churchill; Albert Schweitzer, Bernard Baruch; Judge Learned Hand; creative performers Robert Frost, Thomas Hart Benton, Pablo Casals; Coach Amos Alonzo Stagg; Queen Victoria.

... The U.S. Department of Health, Education and Welfare now has such a program, which identifies five ways of lightening the load: longer vacations, a shorter work week, a progressively shorter working day, a gradual shifting of responsibilities, transfer to a less taxing job, (b) a second needed change is that society ought to value more highly and train people for the unpaid services now rendered in our culture by housewives and older people--grassroots political assistance; service on boards and committees of such organizations as the Red Cross, the Y.M.C.A., the Community Chest; workers through churches, hospitals, and similar organizations who make a social contribution without pay.

Any precise discussion of intellectual abilities of older people should take numerous factors into consideration:

1. The fact that chronological age means less and other characteristics mean more. Testing 60-year-olds together would merely give an average of scores between those who deteriorated early and those who have good years ahead of them.

2. The occupations of people since they left school so greatly facilitate or handicap the performance of older persons that the results are significant only on an individual basis.

Suggested Activities

See

Gladys E. Lang, Old Age in America. N.Y.: H. W. Wilson Co., 1961, pp. 60-64

President's Council on Aging, The Older American, U.S. Govt. Printing Office, Washington, D.C., 1963, pp. 19-23; 27-31.

If there are people in the class who would like to know more about the expanding mental power of many people as they grow older, they might look up the latest reports of the Terman-Ogden genetic studies of genius conducted at Stanford University. The Gifted at Mid-Life, Stanford University Press 1959, is one source. The Terman study has the limitation that the average age of the Terman subjects is now just over 50. But it does give a picture of intellectual growth over a period of 35 years.

3. Sensory rather than intellectual handicaps may easily affect results adversely.

4. Within the items measured on an intelligence test, individuals may grow in one respect and decrease in others.

It is this engrossment with the results of intelligence testing which has given an unfortunate picture of the intellectual performance of the elderly. Numerous pieces of research show that people increase in the ability to achieve scores on intelligence tests through their years of physical growth and that these increases level off at 18 or 20 years. At this point, the testing of adults has shown great variation, depending upon the kind of people being tested. "Average" adults begin to decline just slightly as they go into the 30's, though serious decline occurs only as physical deterioration occurs in later years. Low-ability persons seem to show decline earlier than average people. High-ability people continue to improve in verbal skills and in judgmental power well into middle years. People in later years show a wider range of performance on tests than any other age group. Some old persons show much loss; others in their 80's will test as high as young college students.

Suggested Activities

For important material on abilities throughout life, see Sidney L. Pressey and Raymond G. Kuhlen's Psychological Development through the Life Span. New York: Harper, 1957. pp. 70-162.

Class members may contribute useful information in this area if they are given an opportunity to discuss older people whom they have known personally who possessed good sense, wisdom, judgment--or whose sound advice was greatly valued by people.

Rote learning is clearly accomplished more easily by younger rather than older persons, and new tasks--different from any with which the person is already familiar--are learned more slowly by older people. But if older people are given extra time to perform a task, they often do it extremely well. This is an important piece of information about the old, for time is not always of the essence. Some older people do very fine precision work on delicate instruments. As drivers in city traffic, however, they sometimes become a hazard.

But performance on tests is only part of the story. Another way of trying to find out how capable people can expect to be at different ages is to study great people of the past to see when they made their greatest contributions and over how long a time their performance was successful. Studies of this type indicate that different kinds of achievement tend to arrive at peak at different ages--perhaps because of the preparation required for them, but perhaps partly because of pressures in the culture. Remarkable poetry and music have been produced by persons in their teens. Great scientists and mathematicians seem to have made their best contributions between the ages of 30 and 40, and the same is true of great painters. Prose writers reach a peak, says research, between 40 and 50. Leadership achieves its maximum later than creativity.

Suggested Activities

See

H. C. Lehman's Age and Achievement. Princeton: Princeton University Press, 1953.

Military leaders have fought their most successful battles at just over 40. British cabinet members and U.S. Supreme Court Justices serve in their eminent positions after the age of 55. Business leaders follow this same older pattern.

The overall conclusions from this type of study are that the best creative work is done by people 20 to 40 years of age. Those who produce most begin early, and productivity is now beginning earlier than ever because of greater opportunities. Productivity extends into later years, but it tends to fall off in quantity, and sometimes in quality. Length of life does not change the time of greatest creativity. At this point what are really needed are lifelong studies of individuals, and these we do not have beyond the middle years as yet.

See

N. Bayley, "The Place of Longitudinal Studies in Research on Intellectual Factors in Aging." Psychological Aspects of Aging, American Psychological Association, pp. 151-154.

D. Attitude of the aged toward health problems

Though it is sometimes said that old people are unrealistic about their health problems, the New York study indicates that most of the participants appraised their health status quite accurately. Only 10 persons rated their health as poor when the Index showed it to be good, and only 8 percent thought their health was excellent when it was not. These 8 percent were of high socio-economic status, which reinforces other evidence that upper

status persons are more likely to deny or belittle their ills, though they may be under a physician's care.

Worry about ill health apparently is not a major factor in the lives of the aged, according to the New York Study, which found that the great majority of their group declared that they worried only "sometimes" or "never." But the Study also found that expr ions of worry or of freedom from worry are linked to certain nationality groups. Americans, Germans, Austrians, and British deny that they worry. Czechs, Hungarians, Russians, Poles and Italians state far greater concerns.

Lawrence Greenleigh reports that the aged possess an "adaptation to adversity" which is due partly to a life-long pattern of making adjustments to the stresses that occur throughout life and partly to physical changes which permit them to accept with tolerance such problems as economic deprivation, social isolation, reduced abilities, and fewer opportunities for individual achievement. The New York Study estimates that three-fourths of the group possessed this tolerance toward adversity.

Elaine Cumming, reporting certain aspects of the Kansas City Study, now being carried on by the University of Chicago's Committee on Human Development, calls growing old "a process of disengagement"

See

(1) Elaine Cumming and William Henry's Growing Old, New York: Basic Books, 1961.

(2) William E. Henry's "The Theory of Intrinsic Disengagement," in Proceedings of the Sixth International Congress of

and documents this in part by the fact that persons under 65 complain more about their health than older people do, though actually the older people suffer greater disabilities.

Gerontology, Age With a Future, Copenhagen, Denmark: Munksgaard, 1964. pp. 415-18.

E. Mental health of the aging

There are 2.6 times as many people over 65 confined to hospitals in the United States because of nervous or mental ailments as there are in all other age groups combined who are receiving this type of treatment. For every 100,000 patients in United States hospitals (in 1958), the following numbers were being treated for emotional and mental ills:

See

White House Conference on Aging, Planning Commission, Health and Medical Care. Washington, D. C., Department of Health, Education, and Welfare, 1961.

ages 14 and under	56 persons
ages 15-44	325 persons
ages 45-64	642 persons
ages 65 and over	943 persons

Thirty percent of the patients in public psychiatric hospitals, other than Veterans Administration Hospitals, are 65 or over (as of 1958). In the Veterans Administration Hospitals 19 percent of the psychotic patients and 26 percent of the neurological patients are over 65.

Reports published by the Department of Mental Hygiene of the State of New York, indicate that while the population over 65 has quadrupled, ten times as many persons over 65 are now admitted to mental

See

Kutner, and others, Five Hundred Over Sixty. New York: The Russell Sage Foundation, 1956.

institutions. Much of this increase in the aged population confined to mental institutions is caused by changing family patterns and the complexities of urban society. Mild problems--loss of memory, forgetfulness, inappropriate behavior--cause a greater difficulty now than they did in an agricultural and small-town society. Records of old-age counseling centers indicate that psychological collapse is often brought on by loss of employment, death of loved ones, isolation from community life, the awareness of physical decline. Needs in this field of help for the aged include a strong preventive program through counseling services and more community facilities to care for persons with mild senile difficulties. In 1951, the report of the Governor's Conference on the Aging in California stated that more than one-third of the patients over 60 in State mental hospitals were not psychotic and did not need that type of facility. Another 20 percent could have been cared for in simpler facilities if such had existed.

It is to be emphasized that only a small proportion of the aging are hospitalized for either physical or mental care--less than 5 percent nation-wide.

F. Newer approaches to the well being of the aged include:

See

Harry S. Johnson, "Thinking Ahead: The problems of Retirement," Harvard Business Review, March-April, 1956.

The Nature of Aging

1. Education and pre-planning so that the aging individual has in advance an understanding of his later years.

2. Preventive procedures which extend the years when good health is maintained.

3. Use of devices which compensate for diminishing physical function--glasses, hearing aids, dentures. (The 1961 White House Conference on Aging identified dental needs as a most common health problem of the aged.)

4. A program of continuing activities and rehabilitation after some disability has occurred. The development of devices to help the handicapped individual to be as independent and as active as is wise for him.

5. A policy of informing older people about the positive as well as the negative aspects of aging. For instance, there is a considerable group of hardy people in their 80's who have few ills and retain both physical and intellectual powers. Commonly, persons who have a less desirable physical inheritance or who have suffered severe physical disabilities do not live into the 80's and 90's. The very old, therefore, are a remarkable group about which society needs more

Suggested Activities

See

White House Conference on Aging, Background Paper on Health and Medical Care. Washington, D. C.: Department of Health, Education, and Welfare, 1961. pp. 45-7.

The class might try to collect examples of pamphlets issued by unions and by industries on planning for retirement. These might be analysed to determine how many discuss matters other than pension plans.

See

Albert F. Wessen,"Some Sociological Characteristics of Long-Term Care," The Gerontologist, Vol. 4, No. 2, part II, June, 1964.

information. Some research indicates that the chief characteristic of these people is an intense enjoyment of life.

G. The aging face many adjustments--to different living conditions, to losses in family and personal relationships, to jobs and related activities, to financial status, to physical and mental limitations. But change is a characteristic of all human life. The person who has learned to adjust easily to change during his earlier years has less difficulty in adapting to the changes that come with aging. Some older persons become rigid in their reactions and tend to repeat certain behavior which they once found satisfactory in coping with events but which may not be pertinent to their current situation.

Research does not present unanimous conclusions on the capacity of older people to adjust to losses. A study of victims of various types of disaster throughout America found that persons over 60 tended to feel that they had been more severely deprived than younger persons who had experienced the same disaster.

For detailed development of the idea that aging is to be considered as a process of adjusting to certain commonly experienced losses and changes, see Havighurst, Robert J., Social and Psychological Needs of the Aging. New York: Longmans, Green and Company, 1952.

The class might be interested in the use of the words "insult" and "accident" as common terms to refer to such physical occurrences as strokes or embolisms and might consider the psychological implications of their use.

See

H. J. Friedsam, "Reactions of Older Persons to Disaster-Caused Losses," Gerontologist Vol. 1, pp. 34-37, January, 1961.

Since evidence differs on this ability of the aged to adjust to change, the class may wish to pool any personal evidence it has on this point and indicate what conclusions might be drawn.

VI. Basic Needs of Older Adults

A. Every aged person has a need for food, clothing, shelter, health care and services which will be spelled out in detail

in other courses; but it is important to recognize that the fulfilling of these physical needs has impact on the emotional and mental health of the individual.

One commonly voiced reason for retreating from the social life which aged individuals have enjoyed in their earlier years is that their housing is not suitable for entertaining guests or that their clothing is too shabby for them to appear at church or at social events. Or that they are no longer able to care for their personal appearance well enough so that they wish people to see them.

Certain special services are vital to older people. Geriatric dental care, it is now recognized, is so closely related to good nutrition that it becomes a vital need. Statistics indicate that at age 65 the average American has eight of his own natural teeth left.

A second type of special service which keeps an older person active in society is foot care. Foot problems are particularly prevalent in the aged and can cause an individual to become homebound and isolated if he does not receive proper attention.

The relationship between the physical and the psychological is so close that changes in physical appearance can cause

See

R. Peck, "Psychological Aspects of the Second Half of Life," in John E. Anderson's Psychological Aspects of Aging. Washington, D. C.: American Psychological Association, 1956. pp. 42-53.

serious psychological maladjustment and lead to withdrawal. Lack of interest in personal appearance can be an indication of a mental health problem at any age.

B. National awareness of needs of older persons in the area of adequate health care expressed itself in the passage of Medicare in 1965. Details of its health insurance coverage for everyone over 65 should be discussed in detail in courses on personal services for the older adult, but brief recognition of its provisions and purposes should be included here. It provides free hospital care, beyond the initial $40 of total cost, in semi-private room for a period up to 60 days of any one illness, and from the 60th to the 90th day of hospitalization, the patient must pay $10 per day. One hundred days in an extended care center are also provided for, and treatment in a psychiatric hospital under similar conditions is available. Voluntary medical insurance at $3.00 per month per person can be arranged.

National awareness is also indicated by the establishment in 1965, through passage of the Older American Act, of an Administration on Aging within the Department of Health, Education, and Welfare under direction of a commissioner, who has a national advisory committee of 15 members which considers, recommends, and develops a balanced national program

Details of Medicare provisions are available from many sources and should be studied by any not familiar with them. Possible sources are:

1. Social Security Administration, A Brief Explanation of "Medicare": Health Insurance for People 65 or Older, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., 1965.

2. Social Security Administration, Questions and Answers on Health Insurance for the Aged: Medical and Related Aspects of the New Program and How it Will Operate, U.S. Department of Health, Education, and Welfare, Washington, D. C., 1965.

3. Committee on Aging of the U.S. Senate, Health Insurance and Related Provisions of Public Law 89-97, the Social Security Amendments of 1965. Washington, D.C.: U.S. Government Printing Office, October, 1965.

4. Sidney Margolius, Medicare - Benefits and Gaps, Public Affairs Pamphlet No. 389, June, 1966.

on aging. The Administration on Aging is to:

1. Serve as a clearing house on information on problems of the aged and aging
2. Assist in matters pertaining to the aging
3. Administer grants
4. Develop, conduct, and arrange for research and demonstration programs
5. Provide technical assistance to state and local governments
6. Prepare and publish materials
7. Gather statistics
8. Stimulate more effective use of existing resources and available services.

Studies made recently show that Americans 65 and over have a total annual income of forty billion dollars. About two million of older Americans have full-time jobs, and some of them are very prosperous. In June, 1961, one in 85 had an annual income of $200,000; and over 50,000 had yearly incomes of $50,000 or more. Many older persons have part-time jobs, so that 33 percent

Suggested Activities

The class might establish a committee to watch for and report on state and national legislation as it is reported in the press. As of 1966, considerable legislation related to the aged is pending.

The first commissioner under this program is William D. Bechill, formerly Executive Secretary of California Citizens' Advisory Committee on Aging (now the Commission on Aging). His successor, Janet Levy, Executive Secretary, Citizens' Advisory Committee on Aging, 1209 Eighth Street, Sacramento, California, 95814 is a helpful source of statewide information.

Basic Needs of Older Adults

live partly on earned income and partly on funds from other sources--private pensions, income from savings and investments, life insurance and the like.

Over 12.5 million receive Social Security benefits--old-age, survivors, and disability insurance. Others receive veterans' payments, government employee retirement pensions or public assistance.

Individually, however, many older persons live in very deprived circumstances. In 1961, 50 percent had annual incomes of less than $1,000, and only 14 percent had over $3,000. Many older persons who would like to continue working find that their services are regarded as marginal because of technological change and automation. In general, the full-time employment of older people seems to be decreasing rather than increasing, and the characteristic life pattern for workers in the United States seems to be moving toward gainful employment between the ages of 20 and 60, so that increasing life expectancy and decreasing work-span combine to create a lengthened period of non-employment for older persons. In fact, recent reports indicate that some businesses are encouraging workers to retire earlier than age 65 by offering an early retirment supplemental income, which stops at 65--when such nation-wide benefits as double deductions on income tax and Medicare begin. Sometimes the

Suggested Activities

The class may wish to discuss financial problems of older people and to propose solutions. It might be interesting to keep a record of what these solutions are.

See

(1) President's Council on Aging, The Older American, Dept. of Health, Education, and Welfare, Washington, D.C., 1963. pp. 7-11.

(2) Juanita M. Kreps, "Economic Implications of Shortened Work Life," in Proceedings of the Sixth International Congress of Gerontology, Age with a Future. Copenhagen, Denmark: Munksgaard, 1964. pp. 507-512.

(3) Department of Labor, The Older American Worker - Age Discrimination in Employment, U.S. Govt. Bureau of Publications, Washington D.C., 1965.

individual who retires early receives other special considerations--continuance in the company's medical plan, insurance, group purchasing privileges, and the like.

Within the program of the Office of Economic Opportunity, one section of the task forces concerned with poverty consists of 21 members attempting to assist the elderly poor by creating job opportunities and finding more meaningful roles for older persons as volunteers in the community

Getting a true picture of the older individual's financial situation is complicated by certain factors:

1. He often lives with other relatives, and his income is part of the total household income

2. He has certain tax reliefs, such as double exemptions on his income tax, and certain protections, such as Medicare

3. His wants and needs are fewer

4. Rarely is he paying interest on debts or mortgages.

One indication that income of elderly persons tends to be inadequate is that the housing of 45 percent of all aged living in households, as distinguished from those living in nursing homes or in homes and

Suggested Activities

See

Hearings before the Special Committee on Aging, U.S. Senate, The War on Poverty as It Affects Older Americans. Washington, D.C.: U.S. Government Printing Office, 1965.

institutions for the aged, is classified as inadequate--either because of the quality of the housing itself or because of the living arrangements in the family.

In 1965, the Secretary of Labor--reporting on arbitrary discriminations in employment because of age--identified a need for action to reduce such discrimination, to increase the availability of jobs for older workers, to adjust institutional arrangements which operate to the disadvantage of older workers, to enlarge concepts and opportunities for older workers. In response, funds have been allocated through the Bureau of Employment Security to strengthen State employment services for helping older workers and for staffing demonstration projects in five metropolitan areas.

Much is being done by some individual communities, church groups, and civic organizations to retrain and to find jobs for older workers. A further look at better ways of determining the time when an individual should retire is also being taken. Though the policy of retiring workers on the basis of chronological age is easier to administer, shortages of personnel in highly skilled and specialized fields have caused industry to consider modifying policies and setting up criteria based on competence. For the routine worker, however, this does not apply.

See

(1) William C. Fitch, "New Look in Aging," Wilson Library Bulletin, Vol. 40, pp. 832-7, May, 1966.

(2) Bureau of Internal Revenue, Tax Benefits for Older Americans, Government Printing Office, Washington, D.C., n.d.

(3) Office of the Aging, You, the Law, and Retirement, United States Department of Health, Education, and Welfare, Washington, D.C., 1965.

(4) M. F. Baer, "The Older American Worker," Personnel and Guidance Journal, Vol. 44, pp. 656-7, February, 1966.

(5) Report of Conference Proceedings, Rehabilitation of the Older Disabled Worker--The Academician's Responsibility, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1963.

The class members might be interested in trying to develop sound criteria for flexible retirement in occupations with which they are familiar.

Basic Needs of Older Adults

C. Common goals of aging people in all cultures

Fundamental objectives common to the aging in past and present cultures have been identified as:

1. To live as long as possible--at least until the burdens of life outweigh the satisfactions. Life is usually regarded as precious until or near its end.

2. To have release from heavy tasks, physical dangers, and emotional stress. The aged need protection from undue demands on their diminishing strength and energy.

3. To keep possession of rights, prestige, authority, and property which they have accumulated. The aged are sensitive to any lessening of their position because of age.

4. To have some role--either operational or supervisory--in the affairs of the group, tribe, or family. Idleness and the indifference of others are regarded as painful in any culture.

5. To have death come, when it must, in as honorable, comfortable and dignified a fashion as possible--with good prospects for a desirable hereafter.

Suggested Activities

See

White House Conference on Aging, Background Papers on Family Life. Washington, D.C.: Dept. of Health, Education, and Welfare, 1961. pp. 7-8

It might be interesting to ask the class to discuss how these goals would need to be modified or supplemented in order to express the current American point of view--or their own point of view.

Basic Needs of Older Adults

D. Basic psychological needs and the aging

1. The need to feel useful and respected is a lifelong need. It continues into the years beyond retirement and creates problems for the person whose life has been so centered around work that he feels himself to be useless when he no longer has an income-producing job.

Preparation for retirement becomes one of the major tasks--socially, psychologically, and economically--for the individual who is approaching his later years. So serious has the slump been for many people who have undergone compulsory retirement because of chronological age that many employers, unions, and civic leaders have undertaken to set up retirement planning and counseling programs.

Many workers need help in two areas:

a. Development of constructive attitudes toward retirement

b. Understanding Social Security, Medicare and personal health problems, changed housing needs, legal matters, community resources and other factors with which they have had no previous experience.

Suggested Activities

See

(1) President's Council on Aging, The Older American, Department of Health, Education and Welfare, Washington, D.C., 1963. pp. 27-30.

(2) William C. Fitch, "New Look in Aging," Wilson Library Bulletin, Vol. 40, pp. 832-7, May, 1966.

(3) Administration on Aging, Are You Planning on Living . . . the Rest of Your Life? Department of Health, Education, and Welfare, 1965.

The class might like to develop a discussion of needs in these areas by planning for a hypothetical individual--planning his living arrangements, his budget, his probable health needs. Some members of the group might investigate various kinds of community living and report on such projects as Leisure World, Sun City, Christian Towers in Santa Monica, Ventura Town House, and homes and institutions for the aging, evaluating the advantages and disadvantages of each.

Basic Needs of Older Adults

Socially, he needs to build contacts that will remain open to him after his occupational connections have been severed, and he needs to develop constructive and engrossing activities which will not shortly demand more of him than he is able to achieve physically.

Psychologically, he prepares by finding new intellectual outlets that help him to feel involved in contemporary life and a contributor to progress in his community. By 1963, this need was recognized widely enough so that 838 communities had established councils on the aging, but much more counseling needs to be available, and much implementation needs to occur. In an attempt to meet certain facets of this need, in 1963, the Institute of Lifetime Learning, sponsored by the National Retired Teachers Association and the American Association of Retired Persons, began a pilot project in Washington, D.C., that has served at least 3,000 persons 55 years of age or older. This is an educational program offering classes conducted at the college level by outstanding professors and instructors. Purposes of instruction are:

a. To update skills for supplementary employment

Suggested Activities

A report on the Adult Education program of the local district in which this class is offered should be planned, and somebody may be interested in reporting on the development of Adult Education in the United States--both from the point of view of offerings that could interest older persons.

An individual or a small group from the class might like to investigate the Long Beach program of Life Time Learning and report its progress.

b. To inform on current affairs

c. To develop talents and interests.

Some 51 different subjects have been offered, including foreign language courses to make travel meaningful and lip reading to help people with hearing disabilities. A second Institute of Lifelong Learning under the same auspices is now in operation in Long Beach, California.

Financially, careful planning needs to occur, for retirement cuts the income of the average American at least in half. The person soon to retire needs to know about changes in income, changes in his tax situation, benefits--such as Medicare--which will affect his planning.

Often the person facing retirement needs to consider his housing situation realistically. If he is still living in a house that once fitted his now-grown family, he may need to consider smaller quarters that require less up-keep and less expenditure of energy. If he has planned on moving from the community to which he has been tied by his job, he needs to consider whether he would miss the associations he has established, whether he has realistic plans for the use of his time in his new community, how his plans will affect his spouse.

Even though retirement is anticipated, it may still bring problems of adjustment. The change is a more drastic one for the

Suggested Activities

See

(1) Bureau of Internal Revenue, Tax Benefits for Older Americans, Govt. Printing Office, Washington, D.C., n.d.

(2) Office of the Aging, You, the Law, and Retirement, United States Department of Health, Education, and Welfare, Washington, D.C., 1965.

(3) Office of Aging, Planning for Retirement, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., 1965.

(4) Office of Aging, Retirement Preparation, Chicago Plan, U.S. Dept. of Health, Education, and welfare, Washington, D.C., 1965.

(5) French, Marilyn, How Business Prepares Employees for Retirement. Chicago, Illinois: Dartnell Corp., 1965.

The class might like to explore the issues involved in selling a long-established home and moving to another community, or the problems of the wife of a retiring worker whose daily routine is affected by the presence of the husband in the home.

men and women who have put all their energies into their careers than for those who have devoted considerable time to social and organizational interests. The New York Study, using a carefully developed inventory to check morale, found that the most negative feelings about retirement are present among those who are socially isolated, those who think of themselves as deprived or who have a poor self-image, those who disliked the idea of retirement before they retired, those who were forced into retirement by ill health. Though income is of great importance to the comfort of all adults, the study did not find that it was a factor in determining an individual's attitude toward retirement. The central point is that in our society retirement implies uselessness.

Since usefulness is so important to the aged, numerous ways of meeting this need are in process of being explored:

a. Flexible retirement uses the skills and ability of the older worker and cushions the shock of enforced retirement.

b. Sheltered employment can accommodate older workers unable to compete in the usual work environment. Some employment of

Suggested Activities

Copies of the play Ever Since April by Nora Stirling, published by the American Association of Retired Persons, DuPont Circle Building, Washington, D.C., might be obtained and volunteers might read the parts, improvising the roles before the class.

See

Kutner and others, Five Hundred Over Sixty. New York: The Russell Sage Foundation, 1956. pp. 48-9: 299-305

If there is time see the following film:

My Mill 14 minutes *F914.3-1
A man who is about to retire after working for 40 years in an industrial plant in the Ruhr region walks through the mill, thinking about the good years he has spent there.

See

White House Conference on Aging, Aging in the States. Washington, D.C.: Department of Health, Education, and Welfare, 1961. pp. 125-126, for recommendations re flexible retirement.

Interested students might report on sheltered employment programs in the Los Angeles area.

*Catalog number is that of the Audio-Visual Division, Office of the Los Angeles County Superintendent of Schools.

Basic Needs of Older Adults	Suggested Activities
this type is offered locally by Volunteers of America, Goodwill Industries, Salvation Army and others.	
c. Within communities and neighborhoods, nonpaying activities in which older people can play a useful part need to be stressed and valued by the whole population. These activities need to be meaningful and their service genuine. The aged are quick to recognize "busy work." Services which the healthy aged can render are of many sorts. In the public affairs field, they include working on committees, serving on the school board, helping to carry on political campaigns or circulating petitions for new legislation. In the area of organizations, they include helping with campaigns for funds, performing free clerical jobs in offices, and doing public relations jobs.	See (1) Senior Citizens Section, The Los Angeles Senior Citizen Story. Department of Recreation and Parks, 3191 West 4th Street., Los Angeles, California, 1964. (2) Senior Citizens Section, Opportunities for Our "Older Americans," Los Angeles City Recreation and Parks Department, 3191 West 4th Street, Los Angeles, California. 1965.
	Instances of these activities in the local neighborhood can be collected by members of the class, with some assessment of the zest and energies devoted to specific causes by older persons.
A good illustration is the University of Redlands' plan to utilize the skills of professional people living in Plymouth Village, a nearby community for	See The column "Report Card" in the Los Angeles Times, December 16, 1962.

retired persons. A "Retired Scholars Group" has been formed which consists of individuals competent to teach graduates and undergraduates. These scholars serve part-time without compensation. The plan corresponds to the Institute for Advanced Studies at Princeton.

d. Community programs of meaningful leisure-time activities need to be developed in every neighborhood across the United States. Not all of these activities must be exclusively for the aged. Many retired people are able to play well in community orchestras and participate in stamp or travel clubs and numerous other associations along with people of various ages. The essential characteristic of the activity must be its ego-building quality for the participant.

In the Los Angeles area, numerous churches have strong involvement programs for older people. Class members might like to find out about kinds of activities developed by the Catholic Welfare Bureau, the Legion of Mary, St. Vincent de Paul, the Family Life Bureau; the First Baptist Church; the Jewish Centers Association; the First Methodist Church; the Lake Avenue Presbyterian Church of Pasadena; the Temple Baptist Church, and other churches they may be able to identify.

See also
Office of Aging, Hodson Day Center, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., 1964.

The class might like to have a hobby demonstration hour, planned so that some may display materials while others may give brief talks. Such an hour needs organization so that there can be broad participation.

There is evidence that older people enter more happily into leisure-time activities when they have learned to enter into them during their pre-retirement years. Like younger people, they wish to accomplish well whatever they attempt to do, and performance rests on experience.

See
M. Williams, "The Effect of Past Experience on Mental Performance in the Elderly," British Journal of Medical Psychology, Vol. 33, 1960, pp. 215-219.

Basic Needs of Older Adults

The elderly who have had no practice at hobbies do badly at them--not because their skills have deteriorated but because they never possessed the skills in the first place.

The aged who can no longer live independently but are in the household of younger relatives still need opportunities, within their limitations, to perform tasks and participate in family activities. And the same need exists for persons in boarding homes, most of whom must center their lives around the activities in the home.

e. Self-planned activities which the individual aged develop for themselves. The self-selection process by which young children indicate aptitudes and interests can serve the aged also. Second careers, developed in old age, are numerous in our society. Grandma Moses, who began painting in her later years, and continued until her death at 101 is an illustration.

2. The need for a good self-image is closely related to the need to feel useful and respected. The importance of positive self-concepts is life-long, of course,

Suggested Activities

If there is time, see one or more films available to schools participating in the county schools' film program through the Division of Audio-Visual Education, Office of the Los Angeles County Superintendent of Schools:

1. Steps of Age, running time 25 minutes, No. *F137-7. In the film an elderly woman considers how she must adjust to accepting physical limitations and find worthwhile things to do now that her years of employment are over. As she goes to live in her daughter's home, she must fit into a different way of life, and her daughter's household has adjustments to make also.

2. Grandma Moses, 22 minutes, color, *F758-2 The life of a very old lady, who made a career for herself as one of the nation's most honored primitive painters, is shown.

but a combination of circumstances makes the elderly especially vulnerable to negative views concerning themselves.

a. Americans tend to emphasize youth and to value youthful good looks and athletic or other physical skills more than most peoples. Though research shows that older persons describe the aged in a more positive fashion than college students do, their views are affected by a culture in which there are many negative stereotypes of the aged--and these stereotypes are accepted even by people who work with the aged.

b. Rapid scientific and technological changes result in diminished demand for the skills and knowledge which older people possess. In less industrialized cultures the wisdom and experience of the aged are often prized more than they are in the United States.

c. So damaging is the common stereotype of the aged person as a clumsy individual that it sometimes results in decreased performance, which sets off a circular reaction of ill health and declining ability

Suggested Activities

See

N. Kogan, "Attitudes Toward Older People in an Older Sample," Journal of Abnormal Social Psychology, 1961, Vol. 62, pp. 616-622.

See

F. Arnhoff and J. Lorge, "Stereotypes about Aging and the Aged," School and Society, 1960, Vol. 88, pp. 70-71.

See

White House Conference on Aging, Family Life. Washington, D.C.: Dept. of Health, Education, and Welfare, 1961. pp. 11-24.

See

A. Rose, "Mental Health of Normal Older Persons," Geriatrics, 1961, Vol. 16, pp. 459-464.

in healthy older persons who could be performing at a much better level. Actually, there are certain activities which older persons commonly do less well; and because the individual should no longer drive a car, for instance, he may think he has failed in a wider field than is the case. A realistic assessment of the older person's assets as well as his liabilities is important.

d. A positive view of the self in older people is closely linked with several factors: with having a job, with occupying a position of high socio-economic status, with perception of oneself as being still young or middle aged rather than elderly. It is to be recognized that this rejection of being elderly--like the rejection of being in ill health--is part of our youth-oriented culture. The New York Study points out a likelihood, not yet documented by longitudinal studies of aging, that people who reject their own aging finally feel the pressures of their old age to a greater degree than those who have admitted its coming all along.

1. The class may want to discuss some ways of boosting morale for those who do not have the advantages listed here.

2. A discussion of what "being your age" means when it is applied to older people might get at some current values which operate to help or limit the image which older people have of themselves.

See

Kutner and others, Five Hundred Over Sixty. New York: Russell Sage Foundation, 1956. pp. 95-100.

e. An individual's view of himself and his view of life about him are so interrelated that his general morale is reflected in these perceptions. Those who believe the world is "going to the dogs," generally do not think much of themselves, either.

3. The need to belong

To be isolated from others, at any age, has always been regarded as extremely serious. Traditionally, exclusion from the group has been regarded as severe punishment for a child, and solitary confinement is considered drastic punishment for prisoners.

Older adults have seen many of the face-to-face groups in which they have been members vanish. Their childhood family group is gone, and their adult family groups in which they have had leadership roles often break up as their children move away. Their contacts through their jobs disappear; their friends are claimed by infirmity or death. Many people move after retirement and find that it is difficult to form new contacts in later years. Because of transportation difficulties, many older persons move into the centers of cities, where life is more lonely.

The class may come up with some creative suggestions as to what can be done to help an isolated person find some ties with people. Local church and community projects on this should be reported.

Basic Needs of Older Adults

Death of one's spouse not only creates a sense of isolation within the home, but it changes social and living patterns--often economic status, too.

As the life span for older persons continues to be extended, this loss of friends and relatives becomes especially critical for people of low socio-economic status--though persons of low status tend to live less long than those who have had better living conditions and more adequate health services throughout their lifetimes. The most isolated and unhappy aging are those who have outlived their financial resources, as well as their relatives and friends, and are dependent for the first time in their long lives.

There are now 10,000 persons in the United States 100 years of age and older. As of 1964, age groups in the national population run thus:

(Numbers are in thousands)

Age:	65-69	70-74	75-79	80-84	85+
Total	6,247	5,162	3,506	1,908	1,037
Males	2,855	2,294	1,518	786	395
Females	3,391	2,868	1,988	1,123	642
White	5,768	4,755	3,256	1,761	950
Non-white	479	407	250	147	87

See

Office of Aging, Facts on Aging, U.S. Dept. of Health, Education and Welfare, Washington, D.C., June, 1965, p. 6.

Suggested Activities

See

(1) Marjorie Fiske Lowenthal, "Social Isolation and Mental Illness in Old Age," in Proceedings of the Sixth International Congress of Gerontology. Copenhagen: Munksgaard, 1964. pp. 463-470.

(2) Harrington, Michael, Poverty in the United States. New York: Macmillan, 1963. Chapter 6, "The Golden Years."

Basic Needs of Older Adults

In Los Angeles, the coming of many younger workers has reduced in recent years the growing proportion of older people in the total population, which is now 9.15 percent--though nationally the aged represent 9.23 percent of the population. In 1960, Los Angeles County had 363,950 people between the ages of 65 and 74, and 189,280 persons who were 75 and over. In Southern California older persons tend to cluster in certain localities or neighborhoods because of their housing situations: They represent 24.5 percent of the total population in Central Long Beach, 17.4-23.1 percent in the Hollywood and Wilshire regions, and over 15 percent in Downtown Los Angeles, Westlake, North Santa Monica, Beverly Hills, parts of Pasadena and Alhambra. It will be recognized by those who know these regions that some of them represent high-cost housing for people of good incomes, notably Beverly, La Cienega, Westwood, Sawtelle, West Wilshire, and Hillside, Pasadena. Others also indicate the aged are clustered in very low-income areas.

The 1960 census reports showed that 25 percent of older people in Los Angeles and Orange Counties were living alone. The Wilshire area, with

Suggested Activities

See

Research Department, Welfare Planning Council, Background for Planning. Los Angeles: The Council, 1963, pp. 21-25.

Basic Needs of Older Adults

Suggested Activities

its prosperous apartment housing, had larger concentration of persons over 75 years of age in its total population than in any five-year span of its age groups.

Contrary to popular opinion, the non-white population represents only a very small proportion of older people in Los Angeles County--some 4.6 percent in all. Several factors explain the small numbers of non-white aged in the area:

a. Mexicans tend to return to their homeland in later years.

b. The large immigration of Negro workers to California is sufficiently recent so that not many are as yet 65.

c. Living conditions for non-whites have unfortunately been such that their life span tends to be more limited.

The sprawling communities of Los Angeles County have some special problems that create difficulties for the aged:

a. Transportation rests upon private ownership of cars, and all forms of public transportation are grossly inadequate.

Basic Needs of Older Adults

b. Low-cost housing is very scarce and tends to be substandard

c. Services are difficult to maintain for such wide-spread communities; and even where they exist, information about them is difficult to disseminate.

Even for well-to-do older persons who live alone, certain services become important--services that prevent their being isolated; and services that protect them from unsafe housing, from inadequate diets, and from being bilked or swindled.

Federal concern with the extent of fraud is indicated by the report of the Subcommittee on Frauds and Misrepresentations Affecting the Elderly, Senate Special Committee on Aging, in 1965, which identified four major areas of cheating older persons:

a. Health frauds and quackery

b. Inter-state mail-order land sales

c. Deceptive or misleading methods in health insurance sales

d. Pre-need burial services.

Suggested Activities

See

(1) Food and Drug Administration, Fake Medical Devices, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., 1965.

(2) National Better Business Bureau, Facts You Should Know about "Earn Money at Home" Schemes, New York, n.d.

See

Committee on Aging, U.S. Senate, Major Federal Legislative and Executive Actions Affecting Senior Citizens, U.S. Govt. Printing Office, Washington, D.C., 1965, pp. 11-12.

If there is time, see the film Quacks and Nostrums, available to participating districts from the Los Angeles County Schools Office, Division of Audio-Visual Education.

Basic Needs of Older Adults

Locally, the many agencies which offer protective services to the aged are attempting through the Welfare Planning Council to:

a. Establish centers of information about available services and where these services may be found.

b. Identify areas of need in Los Angeles County where more services should be offered

c. Identify types of services that should be introduced or expanded.

Much research is still needed on isolation, but certain ideas on combating it are now generally accepted:

a. Residence with others does not guarantee genuine social contacts, but living alone frequently does accompany social isolation. The New York Study found that 65 percent of those living alone were isolated, and that 50 percent of those living with others were nonetheless isolated. The most isolated are those over 75 years of age and those in lowest income brackets.

b. Maintenance of social values

There is evidence that men between the ages of 65 and 69,

Suggested Activities

See

(1) Opportunities for Our "Older Americans" Senior Citizens Section, Los Angeles City Recreation and Parks Department, 1965.

(2) A Senior Citizens Service Center. Case Study No. 10 in the Patterns for Progress in Aging (OA No. 180) 1961.

(3) An Activity Center for Senior Citizens. Case Study No. 3 in the Patterns for Progress in Aging (OA No. 173) 1961.

See

Kutner and others, Five Hundred Over Sixty. New York: Russell Sage Foundation, 1956. pp. 110-111.

in the years immediately following retirement, tend to withdraw from social life and to have a corresponding slump in morale--a situation which exists to a much smaller degree for the retired woman, though she is more likely to be widowed and living alone than a man is.

A great amount of evidence about the larger impact of retirement on men than on working women begins to accumulate. Some member of the class may wish to report on particularly interesting material on this, as found in the Kansas City Study: Cumming and Henry, Growing Old, pp. 143-153, which says that it is not the loss of the job but the loss of the business or vocational contacts which matters most.

There is also evidence that those with more education maintain a greater ability to seek out others and to be involved in social affairs than are those who have had limited education.

Much experience in relating to others will operate to help the very old make a better adjustment to life in an out-of-home situation than that which is made by persons who have been isolated, one piece of research shows.

See

R. Granick and L. Nahemow, "Preadmission Isolation as a Factor in Adjustment to an Old Age Home," Psychopathology of Aging, 1961.

c. Maintenance of relatively good health

Obviously, being homebound gravely affects social contacts and morale. And people are sometimes homebound for relatively minor or remediable ills--such as foot difficulties or dental problems. Solving these problems can make

Suggested Activities

outside contacts possible. For the homebound, the Friendly Visiting Program has brought warmth and new interests to lonely lives.

See

A Friendly Visiting Program, Patterns for Progress in Aging, (OA. No. 13) 1961.

d. Participation in activity programs

Many older people find satisfaction in adult education or community programs of suitable activities, through which they make social contacts that in some measure compensate for their isolation.

The contribution which religious groups can make in the lives of elderly people who have a religious commitment has also been emphasized. Churches can help the aged by providing transportation to services, presenting programs over radio and TV, maintaining visitation to the homebound, providing religious services in institutions.

Class members might like to investigate what their own churches are doing locally to help the aged and assess the program.

See

White House Conference on the Aging, The Nation and Its Older People. Washington, D.C., U.S. Dept. of Health, Education, and Welfare, 1961.

e. Maintenance and development of inner resources

Not all isolated people have low morale, by any means. Among people of high socio-economic status, 51 percent of the isolated had high morale, and only 21 percent were low - according to the New York Study. Many older people, reared

in a less intensely social environment than is common for younger people today, choose to give their time to reading, radio or television "friendships," pets and other substitutes for face-to-face contacts--and indicate a genuine preference for such arrangements. In the District of Columbia, Educational T.V. offers courses for older persons unable to attend classes but interested in self-improvement. Lip Reading and Efficient Reading have been particularly successful offerings.

The central point is that a sense of isolation, of not belonging, is commonly very damaging to the older individual. In determining whether any given individual is experiencing isolation the individual's own feelings must be discovered.

4. <u>The need to love and be loved</u>

The need to give and receive affection is a part of relating to people and of belonging which exists at all ages. The family is the basic social institution within which affectional ties are formed and maintained. The value systems of different regions, social classes, ethnic groups and the like establish very different customs concerning the ways in which these ties are expressed.

Perhaps some member of the class will wish to read Erich Fromm's small book <u>The Art of Loving</u> which has become a classic in the field.

Basic Needs of Older Adults

a. Parent-child relationships

The definition of what constitutes a family varies also according to nationality, ethnic group, religious beliefs, social class, and the like. In the United States at the present time the family is commonly defined as consisting of husband, wife and dependent children--a definition which contrasts greatly with the extended kinship family of other times and cultures. But this limited definition commonly reflects the housing situation and changes from a rural to an urban economy, rather than affectional ties. Older people commonly think of their family as consisting of their children and their grand-children, even though they do not live under the same roof with these.

The value systems of different nationalities vary greatly as to whether the aging parent should live in the household of his grown children. Czech, Hungarian, and Italian families tend to include the parent and to prize the three-generation household. British, German, and American families stress separate living--highlighting the greater

Suggested Activities

See

(1) White House Conference on the Aging, Family Life. Washington, D.C.: Dept. of Health, Education, and Welfare, 1961. pp. 37-46.

"When Our Parents Get Old," Metropolitan Life Insurance Co., N.Y., 1959, 19 pp. is helpful on the relationships between adult children and their aging parents. Some members of the class may wish to obtain this.

(2) Family Service Association of America, Emerging Ways of Helping Older People and Their Families. The Association, 44 East 23rd St., New York, N. Y., 10010

(3) Stern, Edith M. and Ross, Mabel, You and Your Aging Parents. New York: Harper and Row, 1965.

Basic Needs of Older Adults

independence which the aged have when they live alone. The Cornell Study of Occupational Retirement listed responses of 2,300 persons over 65 as to what they considered children should be expected to do, such as:

Visit parents frequently	85%
Write to parents often	82%
Take care of parents when they are ill	61%
Help their parents	41%
Ask their parents to visit them often	27%
Live close to their parents	12%

In the Cornell Study, nearly three-fourths of those with children said the family relationship was a very close one, and less than five percent said that they were not in a close relationship to their children. Ninety-two percent said that their children respected them as much as they should. Since approximately 75 percent of the people over 65 have living children, these findings would indicate that the great majority of old people in the United States have a satisfying relationship with their living children, though they do not live with them. Evidence is abundant, too, that the elderly who do not have children find substitutes--nephews, nieces, second cousins.

Suggested Activities

In White House Conference on the Aging, Family Life. Washington, D.C.: Dept. of Health, Education, and Welfare, 1961. p. 48.

Often the values expressed by people are different from what actually happens. The class members might like to see how many three-generation households they know of personally and how well these are working out.

See

(1) Schifferes, Justus J., The Older People in Your Life. New York: Washington Square Press, 1962.

(2) Mead, Margaret, Family. New York: Macmillan, 1966. pp. 125-140.

Basic Needs of Older Adults

Suggested Activities

b. Marriage and the aged

One of the problems which confronts the older person is the loss of the marriage partner. Since women commonly live longer than men, and since they commonly marry men somewhat older than themselves, there are many more widows than there are widowers in the United States. The New York Study, in its sampling of 500 adults over 60 years of age, found that the marital status of its group was as follows:

Marital status	male	female	total	Number of cases
	(percentages)			
Single	11	19	16	80
Married	63	18	35	174
Widowed	20	59	44	220
Divorced	2	4	3	16
Separated	4	0	2	10

Nationwide, about 30 percent of the population over 65 years of age is widowed. Among women over 65, one out of two is widowed. About one out of five men over 65 is a widower. Men who have lost their wives tend to remarry. Women who have lost their husbands tend to remain widows.

Morale or adjustment studies indicate that the married are the best situated. Widows and single women are alike in their achievement of morale, once the widow has made her adjustment

See

Cumming and Henry, Growing Old. New York: Basic Books, 1961. pp. 154-155.

to widowhood--but their morale tends to be lower than that of married people, and elderly single men tend to have the lowest morale of any group.

The married older couple gains a sense of purpose and useful activity from the mutual need to provide and care for each other. When this couple also possesses reasonably good socio-economic status, there is considerable prestige attached to being a married older person. Social activities are more numerous and provide a greater degree of stimulation. Income of such a couple is usually higher than that of a single or a widowed person, and this also cushions life in a way that contributes to morale.

Widows who are in good health and have a job tend to make reasonably good adjustments to loss of their spouse, but the widower without a job or in bad health tends to experience great maladjustment. When a man loses his wife, the Kansas City Study points out, he has lost the person who kept him in touch with kinfolk, and with

Suggested Activities

the social and cultural group in which they have moved as a couple.

But there are important changes for the older couple, too. As the task of rearing children ends, and as sexuality diminishes, two main functions of marriage are lost--though husband and wife are thrown more closely together by retirement and the departure of adult children from the family circle. The marriage must reshape itself around sharing memories--past accomplishments and difficulties--and especially around new needs and interests.

Widows commonly experience a maximum change in life pattern when they lose their spouse. The loss of a social partner cuts off many activities and restricts mobility. Housing situations and income often change. Frequently the widow must become dependent on others.

If sexuality is still playing a vital part in the relationship when the husband dies, the widow has a much larger adjustment to make and is more likely to become depressed and despondent. It has been pointed out that the widow's task of adjusting to

For especially helpful material on widowhood, see

Cumming and Henry, Growing Old. New York: Basic Books, 1961. pp. 154-160.

widowhood is much like that of the man's at retirement, in that each has lost the chief life role and must find a new one.

A widow faces three problems:

(1) Finding people to fill the gap in her life created by her husband's loss

(2) Find new social groups to join, for the world of couples is no longer open to her

(3) Learning how to get about in the large group of unattached women.

Widows are helped to make the adjustment by the fact that there is much respect in our culture for widows, that they retain some of the prestige their husbands had--if such prestige did exist, that there are kinship bonds which can easily be strengthened, and that there is a ready-made world of other widows which it is usually possible to join. Cumming even notes in Growing Old that the Kansas City Study showed some evidence that some wives would have liked to join "that tight society of widows."

The position of widows of great men is interesting. Class members may wish to check this by finding examples of widows succeeding their husbands in political office, taking over jobs their husbands held, being given status titles, and the like.

For both the widower and the widow important changes in roles emerge: The widower learns to care for a house, cook, and keep his clothes in order. The widow learns to take care of business matters and to get about in the world on her own.

c. Emphasis upon kinship ties

As their children disperse and their spouse dies, many older people find emotional satisfaction in a closer relationship with brothers and sisters, or with other relatives outside the immediate family. Ties between elderly sisters, both widowed, often grow very strong. For women particularly, this interest in the ramifications of the family kinship ties is important, and distant relatives become more significant as the immediate relatives decrease. This interest finds expression in sociability, letter-writing, and telephoning. Its objective is not financial help or service, but an expression of the need to give and receive affection--to have personal ties. Relationships shift within the kinship structure through the years, so that people who once regarded each other with disinterest, or even with dislike, may become emotionally bound to each other in old age.

Suggested Activities

See

E. Cummings and D. M. Schneider, "Sibling Solidarity: a Property of American Kinship," American Anthropology, Vol. 63, 1961. pp. 498-507.

The class may wish to discuss the relationship of genealogy, as an older person's hobby, to this increased interest in kinship ties on the part of the aged. Perhaps some class members will wish to investigate it for themselves. The Kansas City Study found that genealogy was an important study for retired men, since it gave them a personal sense of kinship without giving them additional obligations to fulfill toward living persons.

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Curiously, various researchers have found that grandparents do not feel so close to their grandchildren as is often supposed. They enjoy giving presents to the grandchildren, but in the Kansas City Study only 5 percent felt close to their grandchildren. Americans who live in the towns and villages are more likely to have kinship ties and to keep them active than those who live in cities. People who live in suburbs are better off than those who live in the hearts of cities in this respect.	
d. <u>Substitute ties</u> Just as a child who has lost his father, or who has an unsatisfactory father, may center his affections on some other person, so the aged who have no relatives sometimes create ties for themselves. They develop an emotional response to the minister of their church, to their doctor or nurse who cares for them, to a radio or TV personality. These ties have great reality to the persons who have developed them, and workers with the aged share the responsibility that workers with children have to respect these feelings as an expression of a universal human need.	The class may be interested in the use of <u>surrogate</u> as a word for the situation described here.

ic Needs of Older Adults

Suggested Activities

5. The need for forward-looking attitudes

Each researcher or authority on the aged seems to have his own name and description for this need, but all are agreed that it exists. It is related to the childhood need of new experiences, to the adolescent need for a sense of enlargement in an expanding world, to the adult need for a sense of increasing achievement and continuing growth.

One psychiatrist identifies this need as hope for a better tomorrow and points out that one problem of aging is that realistically this hope has to diminish for the elderly. He points out that some of them adjust to this difficulty by just not seeing or hearing or being aware of some matters. Their seeing or hearing mechanisms are really better than they are permitting them to function.

See

Jack Weinberg, "Personal and Social Adjustment" in Anderson, J. E. Psychological Aspects of Aging. Washington, D.C.: American Psychological Association. 1956, pp. 17-20.

Another authority defines this need as a sense of on-goingness, which exists as long as a person feels that his gains outweigh his losses. Other names for this need include a sense of increased capacity or a forward orientation. During early adulthood and middle years people commonly gain this sense of on-goingness from two sources:

See

Raymond Kuhlen, "Changing Personal Adjustment During the Adult Years," in Anderson, J. E., Psychological Aspects of Aging. Washington, D.C.: American Psychological Association, 1956.

a. Their children and their capacity to produce children. The loss of this capacity, especially the period of the climacteric in women, can therefore cause considerable maladjustment.

b. Their vocational accomplishments, which are also closely related to their feelings of being useful.

Creative people obtain this forward orientation from continuing to create in later years. When one great writer was asked in old age which of his books he considered to be his best one, he replied, "Sir, my best book has yet to be written."

It is pointed out that persons whose chief pride has been their physical powers--their good looks, their youth, their strength, their sexuality--lose their sense of moving forward much earlier than people who have been more interested in intellectual accomplishments and have used their mental capacities.

Numerous ways by which the elderly achieve forward-looking attitudes are these:

a. By identifying with the achievements of their children and their grandchildren.

Many other ways by which old people achieve forward-looking attitudes, and many other illustrations of famous oldsters who have exhibited concern for the future beyond their own death, can be developed by the class if there is interest.

b. By an altruistic concern with what the world will be like after they are gone: Carnegie endowed libraries; Mellon, an art gallery. A humble old man over ninety planted trees so that the next generation should have shade. Presidents Hoover, Roosevelt, Truman, and Eisenhower have created repositories for their documents. Churchill and many others have refined their personal experiences into memoirs.

c. By a belief in immortality: Research indicates that those who have not built a religious faith in their earlier years rarely do so in their old age, but many who do possess a life-long faith obtain great satisfaction from it.

d. By setting short-term goals and more easily achieved objectives: The man who has participated in long-term planning in his business can still find the on-going kind of satisfaction from working with small sums--or even with imaginary sums--on the stock market.

e. By continuing to grow in knowledge and skill through reading, discussion, enrolling in classes, and such.

Basic Needs of Older Adults	Suggested Activities
f. By getting ready for the time of their own death: This type of activity is sometimes regarded as an instance of ceasing to look forward rather than as an instance of being oriented to the future; but it includes such practical procedures as making a will; listing or disposing of personal property, such as family heirlooms or jewelry; clearing out useless posessions; organizing papers, and the like.	

VII. Concepts of Successful Aging

If all who are interested in older people--all who work with or in behalf of the aged--could have a clear-cut way of measuring the well being of these people, it would simplify the situation. Many investigators have tried to define "successful aging." The difficulty is that one's personal value system is bound to get in the way. Different researchers have used different terms for the problem. In effect, each has asked different questions about the aged:

1. How well has the aged person adjusted to the various changes which have come into his life?

2. How competent is the elderly person to operate in the world in which he finds himself?

An interesting approach to material on successful aging might be to divide the class into sub-groups to discuss the factors which should be considered in deciding whether a person has aged successfully. Areas of differences among the groups would make especially interesting discussion points for the entire class.

3. How good is his morale?

4. How happy is he?

5. What is the degree of his satisfaction with life?

6. How pessimistic is he?

7. What physical limitations has he sustained? How much do these limitations matter to him?

Robert Havighurst of the University of Chicago's important research Committee on Human Development has recently devoted his energies to the problem of developing suitable scales for the measurement of what he has finally termed the degree of "Life Satisfaction." He divides scales generally into two sorts, according to what they measure. One type takes a social approach--measuring behavior, competence, activities, participation. The second type focuses on the individual's own evaluation--his reporting of his own attitudes and feeling.

A common type of scale using the social approach measures the number of roles which the person performs and how well he is performing them--as a worker, parent, spouse, homemaker, citizen, friend, association member, church member.

A good example of a scale which uses the expressed attitudes and feelings as a measure is Kutner's Morale Scale which includes seven items scattered through an interview:

The Committee on Human Development, using research funds granted by the National Institute of Mental Health and by the University of Chicago's Social Science Research Committee, has been carrying on important multi-faceted research under the title, Kansas City Study of Adult Life. Findings from aspects of this Study have been appearing in the scholarly journals for the past several years, but the overall report has not yet been issued. Class members who have good library skills may wish to search out these reports as they appear.

See

R. Havighurst, "Measurement of Life Satisfaction," Journal of Gerontology, Vol. 16, April, 1961. pp. 134-143.

oncepts of Successful Aging

1. How often do you feel there is just no point in living?

2. Things just keep getting worse and worse for me as I get older.

3. How much do you regret the chances you missed during your life to do a better job of living?

4. How much happiness would you say you find in life today?

5. On the whole, how satisfied would you say you are with your way of life today?

6. How much do you plan ahead the things you will be doing next week or the week after?

7. As you get older, would you say things seem to be better or worse than you thought they would be?

Havighurst's Life Satisfaction Scale contains five items:

1. Expressions of zest rather than of apathy

2. Attitudes of resolution and fortitude rather than resignation

3. Similarity between desired and achieved goals

4. Positive self-image

5. Happy and optimistic moods and attitudes.

Suggested Activities

See

Kutner, Five Hundred Over Sixty. New York: Russell Sage Foundation, 1956. p. 302.

See also

Caroline E. Preston and Karen S Gudikson, "A Measure of Self-Perception Among Older People," Journal of Gerontology, Vol. 21, No. 1, pp. 63-71, January, 1966.

Concepts of Successful Aging

As has been pointed out elsewhere, there are two major problems with all measurements of happiness or satisfaction:

1. The test maker's own value system creeps in through what is asked, what is not asked, and how each is phrased.

2. The respondents often give answers which reflect what they think they ought to give rather than what they truly feel--or perhaps what the culture has conditioned them to think they feel.

Robert Peck sees certain shifts in values during middle age as vital to a satisfactory development in the older years:

1. A shift from valuing physical powers to valuing judgmental power and social wisdom.

2. A shift from valuing human relationships on a sexualizing basis to a socializing basis. Sex is a primary part of the first part of life and is properly valued as such. In later life, people who value companionable relationships have achieved an important point of view for themselves. It is to be noted, however, that recent studies are beginning to show a much longer span of sexuality in older adults than is popularly supposed.

Suggested Activities

For discussion on problem one see
Anderson, J. E., Psychological Aspects of Aging. Washington, D.C.: American Psychological Association, 1956. pp. 55-71.

For problem two see
Kutner, Five Hundred Over Sixty. New York: Russell Sage Foundation, 1956. pp. 145-59.

See
R. Peck, "Psychological Developments in the Second Half of Life," in Anderson, J. E., Psychological Aspects of Aging. Washington, D.C.: American Psychological Association, 1956. pp. 42-53

See
Cumming and Henry, Growing Old, New York: Basic Books, 1961, p. 21.

Concepts of Successful Aging

Suggested Activities

3. A shift of emotional commitments from one person to another as relatives and friends die or are removed from the individual's circle.

4. Achievement of mental flexibility rather than rigidity. Mastery of experience, acceptance of change, tolerance for ambiguity all are mentioned here.

Having achieved these developments in middle age, says Peck, the individual has these tasks to accomplish in old age:

1. A shift from valuing himself as a person who works to valuing himself for performing other activities and having other attributes.

2. A shift from defining comfort in terms of a satisfactory body to defining it in terms of satisfying human relationships or creative activities.

3. A shift from centering life's significance about himself--a procedure which defines one's death as a personal disaster--to a constructive attitude toward one's own death. Such a view is not to be based upon resignation but upon a concern with what will happen for people and for the world after he dies. It is interesting that the Kansas City Study found that the very old (in the 80's or older) were less concerned with death than people under 65.

See Cumming and Henry, Growing Old, New York: Basic Books, 1961. p. 73.

Concepts of Successful Aging

The Disengagement Theory of Aging developed by the Kansas City Study describes the aging process as one in which the aged person changes his goals so that he comes to have these feelings:

1. He is glad he does not have to work so hard. A man is happy, rather than sorrowful, that he has retired. A woman is pleased that her children are grown and she no longer needs to take care of them.

2. The number of contacts with people become more limited and change in nature--and a reduced energy level makes the aged person satisfied with this. He does not withdraw from his kin, however, but he establishes a relationship that neither gives nor demands too much.

3. The aged person becomes less committed to the popular views and behaviors of of the contemporary world. Sometimes he gains a reputation for being eccentric because of this detachment. He often says, "I don't have to please other people any more. I can do as I like now."

4. The aged person has been through a life cycle wherein he was dependent upon others as a child. Then, in adolescence, he built strong relationships with others of his own age. In

Suggested Activities

It is to be recognized that this theory, as presented by Cumming and Henry, is in contrast to the view of Dr. Peck in certain important respects. The class may want to discuss agreements and disagreements with both views.

The Kansas City Study now reports that the people who experience the greatest life satisfaction do not have some of these values which initially they identified as part of their disengagement theory. The older people who maintain

adult life he became responsible for children dependent upon him. In later years he built strong ties again with people of his own age, as he did in adolescence; and in his final years he becomes a second time dependent on others. His wants are few, however, and he accepts his dependency as part of a life pattern.

5. The aged have a different view of time from that which they had when they were younger. As time grows short for them, they achieve tranquility--especially if they live to be very old. The Kansas City Study has found that people in their 70's are often pessimistic and irritable but that the 80-year-olds achieve optimism and serenity. The very old, says this study, often maintain a high level of competence and intellectual capacity. They tend to have better morale than people in their 70's.

6. The aged, as they live with their more limited activities and contacts, become more self-centered than younger people. Men as they approach this period in their lives seem to dwell more within themselves. Women, on the other hand, seem to develop an aggressiveness and a tendency toward making whimsical demands.

Suggested Activities

many social contacts and a lively interest in the world of today seem to show the greatest measure of well being.

See

"Life Satisfaction and Social Interaction in the Aging," Journal of Gerontology, Vol. 16, 1961, pp. 344-346.

Concepts of Successful Aging

7. Disengagement brings release from common worries--about health, about death, about money. The Kansas City Study found the very old people it studied were less interested in religion than younger persons were.

Some of the difference between the views of Peck and the views of Cumming and Henry are based upon different definitions of "How old is old?" Cumming and Henry are taking the position that most people are on a plateau from 40 to 70, and that old age follows this period. Also, they say that most research assumes that successful aging consists of maintaining the values, activities, and feelings of middle age as long as possible. But moving beyond these attributes of middle age, to arrive at other values may be basic to the final tasks of life.

VIII. Helping the Aged to Achieve Life Satisfaction

Numerous things can be done to help the older person achieve the greatest personal development.

A. His physical health should be kept as good as possible. Even when an individual has an incurable illness, he can often be helped by attention to other phases of his health, and he should remain as active physically as possible.

Suggested Activities

See

"Symposium on Death Attitudes," Journal of Gerontology, Vol. 16, January, 1961, which reports that a concern with death accompanies certain negative attitudes and behaviors--hysteria, dependency, impulsivity, neurotic preoccupations. Apparently it is more "normal" for individuals with high intelligence to think about death than it is for average persons.

The class may want to discuss "How old is old?" and arrive at its own definition.

B. Such mechanical devices as hearing aids, glasses, and teeth need to be supplied promptly, when needed, before additional physical damage is done and psychological damage occurs.

C. If he has suffered physical disability, such as a stroke, rehabilitation procedures need to be worked out promptly and maintained. An attitude that is hopeful without being unrealistic helps.

D. When services have to be performed for him, or funds supplied, this should be done in a way that supports his pride and independence as much as possible.

E. Tasks and activities suited to the individual's physical and mental condition are a basic need, no matter what his living situation. These tasks and activities should be as significant as possible to him.

F. The affectional ties of the aged should be sustained and encouraged. Families sometimes tend to reject late second marriages of aged parents, but these are often great sources of happiness for the aged. Affection given to workers who care for handicapped aged is to be accepted with kindness and treated with respect. The British doctor, J. F. Sheldon, Past-President of the International Congress of Gerontology, speaks of how much it means to some hospitalized old people to have someone hold their hand.

Suggested Activities

See

J. F. Sheldon, "Some Problems of Older People," in Anderson, J. E., Psychological Aspects of Aging. Washington, D.C., American Psychological Association, 1956. p. 9.

Helping the Aged to Achieve Life Satisfaction

G. The aged need opportunities for social contacts and new ideas. This may involve providing transportation or bringing in visitors. It may mean chances to go to plays, lectures, concerts, adult education or university classes, centers for the aged.

H. The aged need people around them who see them as individuals and give them opportunities to make their own decisions within realistic limits. They need to have their wishes accepted, as far as possible. Though some may enjoy feeling dependent, those who live with and serve them should encourage self reliance.

I. The frail aged profit by having their living space remain as stable as possible so that they are familiar with relationships of doors and windows when they wake. They know where the bathroom is. They can count on the number of steps it takes from chair to bed or from room to table. They are grateful for familiar faces.

J. The aged need possessions and space which they can call their own. These are important to their dignity.

K. The aged profit by a realistic assessment of their energy level and their abilities so that they are not pushed too far on the one hand or allowed to stagnate on the other.

L. It is to be remembered that the old person who fights back against illness and other

Suggested Activities

The class will wish to add other specifics to this list of things and procedures which help the old. New insights may be gained by a discussion of what causes people to become dependent, on cantankerous, or apathetic.

restraints that may surround him is expressing a healthier view of life than the apathetic person, and his cantankerousness is to be accepted within reasonable bounds.

M. An attitude which is insincere or patronizing communicates quickly to almost anybody at any age. Most old people greatly resent being called "dearie" or being treated as if they were children. Many old people have a much greater background of wisdom and insight than they are able to put into words, and allowing a wide margin for this fact makes good sense.

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Birren, J. E., Handbook of Aging and the Individual. Chicago: University of Chicago Press, 1960.

Burgess, Ernest W., Aging in Western Societies. Chicago: University of Chicago Press, 1960, pp. 476.

Supplies much data from all the western nations and deals with methods of dealing with the problems of aging on a comparative basis.

Cumming, Elaine and Henry, William, Growing Old. New York: Basic Books, 1961, pp. 287.

Supplies data from an important study now being carried on in Kansas City by the University of Chicago's Committee on Human Development. Presents a theory of aging which describes it as a process of disengagement.

DeRopp, Robert S. Man Against Aging. New York: Grove Press, 1960, pp. 295.

In popular paperback form, this book supplies information on how you grow old and what is known about some of the major health problems of aging.

Drake, Joseph T., The Aged in American Society. New York: The Ronald Press, 1958, pp. 413.

Designed as a college text book, the chief focus is on sociological aspects of aging in various societies.

Economic Development Agency, State of California, California Statistical Abstract. Sacramento: The Agency, 1962.

Supplies much statistical data about California. Includes regional data.

Kutner, Bernard and others. Five Hundred Over Sixty. New York: The Russell Sage Foundation, 1956, pp. 335.

Reports on important study of 500 persons over 60 years of age living with families or on their own in New York City. Includes data on morale, health, attitudes toward age, and numerous other concerns.

Lang, Gladys E. Old Age in America. New York: H. W. Wilson Co., 1961, pp. 182.

Supplies brief, readable materials at the popular level--mostly excerpts from magazines.

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Pressey, Sidney L. and Kuhlen, Raymond G., Psychological Development Through the Life Span. New York: Harper, 1957, pp.646.

Deals with the characteristics, the problems, and the special tasks of people in our culture at each of the major stages of life. Gives a particularly helpful picture of change as a lifelong process.

Proceedings of the Sixth International Congress of Gerontology, Age with a Future. Copenhagen, Denmark: Munksgaard, 1964.

Tibbitts, Clark, Handbook of Social Gerontology. Chicago: University of Chicago Press, 1960, pp. 749.

Supplies material on social aspects of aging by numerous authorities.

Tibbitts, Clark and Donahue, Wilma, Social and Psychological Aspects of Aging. New York: Columbia University Press, 1962, pp. 930.

An anthology supplying more than 100 articles by international authorities on social and psychological aspects of aging.

White House Conference on Aging, Background Papers. Washington, D.C.: Department of Health, Education and Welfare, 1961, mimeograph.

Twenty papers preliminary to the conference were issued as separate pamphlets. Of these, the following are particularly useful

Education
Family Life
Population Trends: Social and Economic Implications
Research in Gerontology: Biological
Research in Gerontology: Psychological and Social Sciences

White House Conference on Aging, Report: The Nation and Its Older People. Washington: U. S. Department of Health, Education and Welfare, 1961, 333 pp.

Summarizes the conference and makes important recommendations in many areas.

FILM LIST

Concerns of Older People

The following films present older people faced with some of the common situations which people meet in aging.

*7479 Golden Age — 27 minutes

Dramatization concerning retirement. Stresses the need for planning and acceptance.

*1950 My Mill — 14 minutes

A man who is about to retire after working 40 years in an industrial plant in the Ruhr region walks through the mill, thinking about the good years he has spent there.

*7352 The Proud Years — 30 minutes

Shows elderly people in a nursing home receiving therapy after strokes and achieving hopefulness, learning to live with limitations, and regaining some power of movement.

*7005 Steps of Age — 25 minutes

Presents the emotional problems and interpersonal relationships of a woman of sixty-two who must retire from her job. Emphasizes that one must begin early to adjust to the problems which all face as they grow old.

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Health

The following films supply information about aspects of health which are of concern to older people, but they do not necessarily discuss or portray aging individuals.

*4462 Ears and Hearing — 10 minutes

Describes the physiology of the human ear by means of animation and photography of the ear as it is functioning. Shows how the parts of the ear operate; explains common causes of impaired hearing and demonstrates the use of a hearing aid.

*1671 Mental Health — 12 minutes

Presents the general problems of mental health and discusses four basic principles for maintaining good mental health; illustrates symptoms of mental ill-health; stresses the importance of mental health to the individual and to society.

*2323 Quacks and Nostrums — 19 minutes

Shows how the government tries to protect the people from quacks and nostrums by Fair Trade Practices, the Post Office, and Interstate Commerce. Emphasized dangers of patronizing quacks and using nostrums.